

Nutrition and WIC Update

WIC Referral Opportunity—the Summer Food Service Program *Article based on information from the Kansas SFSP website*

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The Summer Food Service Program (SFSP) provides free, nutritious meals and snacks to help children in low-income areas get the nutrition they need to learn, play, and grow, throughout the summer months.

Children one year old through age 18 may receive free meals and snacks through SFSP. Meals and snacks are also available to persons with disabilities, over age 18, who participate in school programs for people who are mentally or physically disabled. At most sites, children receive either one or two reimbursable meals each day.

Locally, SFSP is run by approved sponsors, including school districts, local government agencies, camps, or private nonprofit organizations. Sponsors provide free meals to a group of children at a central site, such as a school or a community center. They receive payments from USDA, through their State agencies, for the meals they serve and for their documented operating costs.

Each state approves SFSP meal sites as open, enrolled, or camp sites. Open sites operate in low-income areas where at least half of the children come from families with incomes at or below 185 percent of the Federal poverty level. Meals are served **free to any child over the age of one** at the open site. Enrolled sites provide free meals to children enrolled in an activity program at the site where at least half of them are eligible for free and reduced-price meals. Camps may also participate in SFSP.

The Kansas SFSP website shows locations near you: https://svvappcnw.ksde.org/SFSPLocationsASP/SFSP/SFSP_Menus/SFSP_Locations.asp

Be sure to share this information with your WIC clients. This program could really help stretch their food dollars this summer. And the Kansas SFSP is trying to spread the word about this beneficial program. It's a win-win! Don't forget to document this as a referral. It is now listed as an option under Referrals in KWIC.



Grant Writing USA Workshop

Jody Hammerschmidt, RD, LD, CBE, Leavenworth County WIC Coordinator

I would like to thank the State WIC Agency for the opportunity to attend the Grant Writing USA Workshop in Kansas City, MO. This event was very informative and covered the basics on how to find grants and complete a grant “Request for Proposal”.

A valuable lesson I learned from this program is the importance of designing a program before a grant is even on the horizon. This must come first! There are many key points that need to be explored when working through this process.

The first component of designing a program is the problem statement. This is simply the problem of your beneficiaries. Goals and objectives are also very important, including a method of measuring achieved outcome. Methodology is the budget side of things. Pay attention to every detail! Finally, every program design should always include an evaluation plan that reports the progress of the program to the funder. Funders want to see positive change. It is crucial to know the project and have it well planned. This will open the doors for when a funding opportunity arises.

After strategically planning the program, funders can be researched. It is important to view grants as a means to addressing a problem and not as a way of getting “stuff”. Funders are looking for projects that have a plan for sustainability and not be completely dependent upon the funder’s money to survive. It’s like traveling to a destination and coming upon a hurdle. The grant just helps you overcome the hurdle and you continue on to your destination. Understand what is important to the funder, and the funder’s history and values. This will help you comprehend what the funder is looking for in a proposal.

When a potential funder has been found, you can review old “Request for Proposal” forms. Even if the funder is not currently accepting proposals, you can use the old forms to format your project to meet the funder’s criteria. This will prepare you even further for when the funder is open for accepting proposals.

When the time is right, seize the opportunity! Complete the “Request for Proposal” down to every instruction given by the funder. Many funders will eliminate proposals just because they see a mistake, or an instruction was not followed. In fact, they are counting on those mistakes to help narrow down the prospective candidates.



After the proposal has been submitted, be patient! The funder’s review process can be very long and tedious. If your proposal is not accepted, it doesn’t mean it was a bad proposal. Keep trying and looking for that right funder. Grants can be a fantastic catalyst for giving an organization what it needs to move from a good organization to a fantastic organization! Good Luck!

One LA Implements Wisdom Board

Valerie Merrom, Vendor Manager

The WIC program in Neosho County has had a new WIC Coordinator for over a year now. Her name is Robin Betts and as a former librarian has a passion for sharing information. The following is a short interview I did with Robin regarding a bulletin board in her office.

What prompted the board?

I saw a bulletin board in the office storage area and knew I had lots of unused wall space in my office.

How was it used?

What a great opportunity to educate! I sat the board in my office for a couple of weeks wondering what or who or how I could "educate."

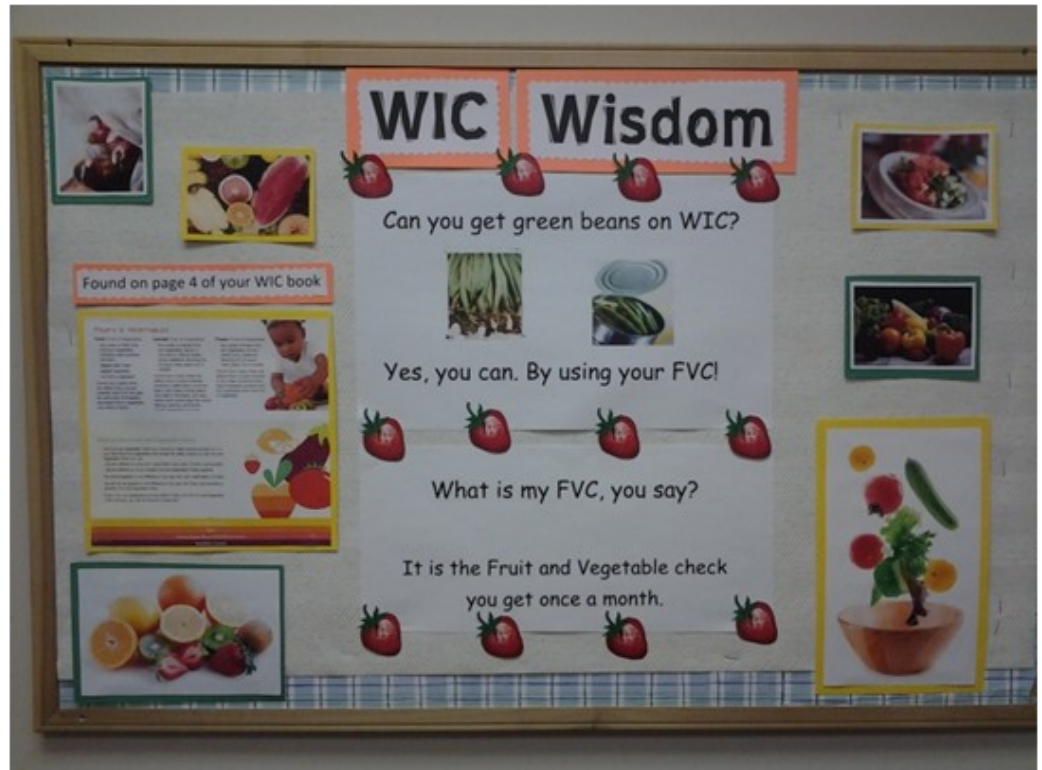
During a WIC clinic day, a client that also worked at one of our vendors said that the WIC clients really need to be reminded about what they can buy on WIC and what checks to use. She gave me an example about the green beans (the current bulletin board topic.) Then I had an opportunity to speak with the vendor contact person for that store and she basically reiterated what this client said. So... I put it on the board along with where to find the information in the WIC booklet.

My next topic will be about signing all WIC documents

legibly. I 'm thinking to rename the board, instead of WIC Wisdom, I'm leaning toward Vendor's Voice because the information relayed on the board is from what I'm hearing from Vendors.

Have you seen any beneficial results?

So far, thankfully, most of the clients have commented they are aware of how to buy green beans on WIC. A couple of clients have "admitted" to not realizing they can only get green beans on the FVC and a couple more have commented that the information has been helpful.



How Does Your Clinic Measure Up?

Patrice Thomsen, MS, RD, LD

Here are some common observations from Management Evaluations. Read them and see how your clinic measures up.

Incorrect assignment of Homeless Risk Factor

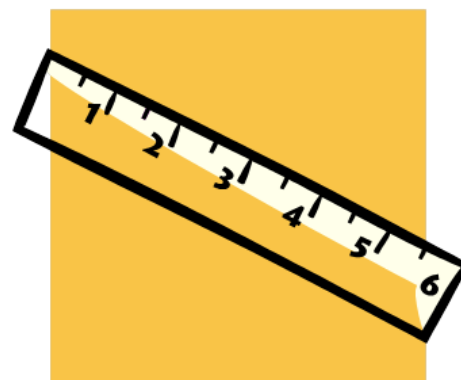
Observation:

The Homeless Risk Factor is assigned but nothing in the record indicates the person meets the definition of homeless.

Correct Procedure:

Policy [CRT 05.01.00 Homeless Clients](#) states that a homeless person is defined as someone who lacks a fixed regular nighttime residence or someone whose primary nighttime residence is:

- A supervised publicly or privately operated shelter designed to provide temporary living quarters, e.g. welfare hotel, congregate shelter, Rescue Mission, Battered Women's Shelter, motel.
- An institution that provides a temporary residence for persons intended to be institutionalized.
- A temporary accommodation at the home of another individual, such as a friend or relative. This temporary accommodation cannot exceed 365 days.
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodations for human beings, e.g. tent, car, park, hallway, abandoned building, doorstep.



Documentation should include checking the Homeless checkbox on the Demographics screen and noting the details about where the client is staying in the text field following the checkbox. This normally would be done by the person documenting proof of residency. Staff might want to make more details of the situation in a note - how long the client plans to stay, etc.

☐ Homeless

KWIC automatically assigns the Homeless Risk Factor if this checkbox is marked so the nurse or dietitian will see the risk factor assigned in the Risk Factor screen and be able to counsel as needed.

Observation:

The Homeless Risk Factor is assigned but the CURRENT record indicates the person is NOT homeless. Documentation in the previous record showed the person was homeless in the past. There is no documentation of assessment or counseling by the nurse or dietitian. Our conclusion is the nurse or dietitian does not look closely at the assigned risk factors or would have noticed the odd assignment of "Homeless".

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How Does Your Clinic Measure Up? , continued

Correct Procedure:

This problem is the result of not “unchecking” the Homeless checkbox on demographics when it no longer applies to this current certification. Normally, the person reviewing the Demographics screen should catch this change.

However, if you are the nurse or dietitian and you see “Homeless” in the assigned risk factors, you should be asking the client questions as previously stated. If you learn that the client is indeed no longer homeless, you should (a) Go to Demographics and uncheck the Homeless checkbox and delete text in the text field and (b) Move the Homeless risk factor from “Assigned Risk Factors” to “Available Risk Factors” on the Assign Risk Factors screen. (You may need to consult the person who documented proof of residency.)

Question:

So is anyone staying with a friend considered Homeless?

Answer: The answer is “it depends”. If the situation is definitely temporary and has been less than 365 days, you can consider the person as “homeless”.

Resource Corner

Check out this new regular feature of the Nutrition and WIC Update newsletter. In the Resource Corner you will find helpful resources for LA to use in their client and staff interactions. Feel free to suggest resources you would like to share with other LAs by forwarding to jornelas@kdheks.gov.

Farmer’s Market promotional and informational materials:

<http://www.nutrition.gov/shopping-cooking-meal-planning/food-shopping-and-meal-planning/farmers-markets>

Includes six minute video on why to buy fresh and nutritious local foods, seasonal produce guides and recipes.



Food Blog written by Lisa Martin, RD, LD, K-State Extension Educator: <https://blogs.ksre.ksu.edu/easy-cheap-and-healthy/> Features Lisa’s Eating Well But Cooking Less recipes, which are budget-friendly, simple and could be used for WIC Cooking Demo classes. Could also use as recipe idea handouts and to encourage cooking with children. She also shares food safety information and recipe modification tips.

Institute of Medicine (IOM) materials to support healthy weight gain during pregnancy. Includes both resources for health professionals and downloadable handouts and posters for clients. <http://www.iom.edu/About-IOM/Leadership-Staff/Boards/Food-and-Nutrition-Board/HealthyPregnancy.aspx>

New CDC Campaign on Preconception Health: <http://www.cdc.gov/preconception/showyourlove/index.html>
Designed to improve the health of women and infants by promoting preconception health and healthcare. Site includes research article links, media talking points, posters, videos, etc.

Hunger, food security and other household insecurities: implications for child health and development—NWA Conference Session

Jeanne Ritter, RD, LD, Reno County WIC Coordinator

This article reviews the session given by Patrick Casey, M.D. at the National WIC Association Annual Education and Networking Conference and Exhibits. His slides can be found at:

http://www.paramountcommunication.com/nwica/Patrick_Casey_AC_2013.pdf

Food insecurity is the “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.” The family receiving food from food banks implies food insecurity.

- In 2011 in the U.S., food insecurity of all households was 14.9% but the food insecurity of households with children was 20.6%.
- For adults, food insecurity is associated with poorer diets, poorer general physical and mental health and obesity in women.
- For children, food insecurity is associated with poorer child general and mental health, poorer developmental status in pre-school years and educational achievement and increased academic problems. Young children living in food insecure households are 40% more likely to be at developmental risk.

However, there is inconsistency in literature and studies if food insecurity or insufficiency is associated with childhood overweight status. In general, household poverty is associated with food insecurity and obesity but this does not hold for all ethnic groups. He stated “child food insecurity MAY be associated with overweight and obesity in White and Hispanic children, depending on their age” and “The association of food insecurity and obesity MAY differ for African American children” with a greater prevalence of obesity in higher socio-economic Black households.

The reduction or loss of federal and state programs such as WIC and SNAP will likely have adverse effects on maternal and child health and household food security.

He provided the following web site for Children's HealthWatch, which monitors the impact of economic conditions and public policies on the health and well-being of very young children.

www.ChildrensHealthWatch.org

After the conference, another site I found with good information is from USDA: “Household Food Security in the United States in 2011” Economic Research Report Number 141, September 2012
www.ers.usda.gov/media/884525/err141.pdf



Whose Goals Win? Ethics Issues When Breastfeeding Promotion is at Odds with other Public Health Programs

Kay Powell, RD, LD, CBE, Shawnee County WIC Coordinator

Liz Brooks -JD, IBCLC, FILCA spoke at the Annual WIC Education and Networking Conference. (FILCA stands for Fellow of the International Lactation Consultant Association) Liz is an attorney so she is always looking for the facts to support her thinking. She listed several public health and health care professions that encourage health care providers to promote breastfeeding initiation, duration and exclusivity. Those included the AAP Statement, WHO report, IOM Childhood Obesity Prevention statement, CDC Breastfeeding report card, Joint Commission, US Surgeon General and IBCLC standards. Her point was the benefits of breastfeeding are documented over and over.

Breastfeeding is protective against

- For infants
- infection
- SIDS
- mortality
- weight (obesity)
- necrotizing enterocolitis
- pain
- atopic dermatitis
- childhood cancers
- asthma
- poor cognitive and brain development
- Type 1 and 2 diabetes

Breastfeeding is protective against

- For mothers (Short term)
- maternal overweight
- high blood pressure
- fertility (amenorrhea w/Bf)
- postpartum depression
- Sleep disturbances
- For mother (long term)
- breast cancer
- ovarian cancer
- cardiovascular disease
- Type 2 diabetes
- Metabolic syndrome
- osteoporosis
- rheumatoid arthritis

She reviewed the 10 steps that the Baby Friendly Initiative has for supporting breastfeeding. Liz Brooks then spoke of public health campaigns that do not always support breastfeeding. Those include:

1. Use of pacifiers “to prevent SIDS”
 - reduces breastfeeding opportunities
 - reduces milk supply
2. Back-to-sleep (and) no-co-bedding campaigns “to prevent SIDS”
 - reduces feeding opportunities
 - reduces milk supply
 - discounts evidence-based protective effect against SIDS of exclusive breastfeeding



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Whose Goals Win? Ethics Issues When Breastfeeding Promotion is at Odds with other Public Health Programs, continued

The speaker shared information from a UK website www.isisonline.org.uk/. ISIS stands for Infant Sleep Information Source in the UK. The author of this article states that when professionals advise parents to “simply avoid bed sharing” it indicates a worrying lack of cultural awareness or sensitivity to childrearing beliefs of different groups of parents on the part of SIDS researchers. Such recommendation does not allow parents, especially those whose infants are at low risk for SIDS (healthy full term births, breastfed, not exposed to parental smoking or alcohol consumption) to make an informed choice to bed share or not. Closing down all discussion of the reasons why parents might bed-share with their infant by issuing a dogmatic recommendation inhibits health professionals from raising the topic, causes parents to lie about their behavior and stifles the provision of information about hazardous sleeping environments and the degree of risk involved.

In summary the speaker’s recommendations and the ISIS recommendations gives us the following evidence-based practices to prevent SIDS:

1. Breastfeed your baby
 - a. Breastfeed when your baby cues
 - b. Nurse often so milk comes in
 - c. Baby needs to feed day and night
 - d. Suckling soothes the baby
2. Use a pacifier after 1 month of age
3. Use safe co-sleeping practices
 - a. Infant is healthy full term
 - b. Parents are not smokers
 - c. Parents have not used alcohol
 - d. Parents have not used drugs that effect sleep – street , over the counter, or prescriptions drugs
 - e. Do not sleep with baby in recliner, couch, overstuffed chair, etc

The speaker shared some negative education campaigns around SIDS. She felt we should give positive messages like above and not scary messages as “don’t sleep with your baby or he will die,” “use a pacifier to prevent SIDS”. All of our messages should be positive and support that breastfeeding is normal and moms want to breastfeed.



Editor’s Note: The Kansas Infant Death and SIDS Network is moving in the direction this article advocates.

From Sharecropper's Daughter to Surgeon General of the United States – Wisdom from Dr. Joycelyn Elders

Jean Detrich, RN, Dickinson County WIC Coordinator

“Discovering the Treasures of WIC” was the well-chosen name for the 2013 National WIC Association Conference in Little Rock, Arkansas, April 13-17. This conference emphasized the richness and variety of the national WIC Program. Without the State WIC’s Training Funds, I would have been unable to attend, so here’s a public thank you for the opportunity to experience the WIC Program in a far bigger way than in my day-to-day life at our local agency.

The closing conference speaker was Joycelyn Elders, MD, a pediatric endocrinologist and former US Surgeon General. Dr. Elders, known for being both frank and informative, has battled poverty, racism, and sexism. She proved to be well spoken and it was a privilege to listen to her.

Dr. Elders held our attention well as she shared about being the daughter of a share cropper, the oldest of eight children and living in a three room shack. The younger children in the family picked extra cotton to earn \$3.40 for her bus ticket to college. No one had to teach her how to be poor.

The following are snippets of her talk:

Things to remember:

- 1) If you want to get out of the cotton patch, get something in your head.
- 2) Always do your best – that’s good enough.
- 3) Always tell the truth. The day you cease to tell the truth, you begin to die.
- 4) Never throw away your tomorrows worrying about yesterday.
- 5) Most of our politicians have never been poor (they need to be educated about poverty).

4 C’s of Leadership:

- 1) Clarity of Vision
- 2) Consistency
- 3) Competency to do the job
- 4) Commitment (recognize that you have to give up personal time, talent and treasures)

Too many children are in the 5-H Club: **H**ungry; **H**ealthless (no health insurance); **H**ugless (“it’s easier to find drugs than good teachers and preachers”); **H**opeless (“when hope dies, moral decay is not far behind”). [Note: the 5th H was not addressed at the session.] Editor’s Note: An Internet search indicates the 5th H is **H**omeless.

Children reach half their height by age 3, half their knowledge by age 4, and hope, will and drive are determined by age 5.

She closed her session by talking about our interaction with clients:

- 1) Listen to what they need.
- 2) Learn what they want.
- 3) Lead them to improve quality in their lives.

Local Agency News

We welcome these new WIC employees:

Brown County, Elizabeth Jeschke, BFPC
Phillips County, Beth Freeman, RN

Rice County, Karen Franco, Clerk
Sedgwick County, Kimpha Hong, RN

Congratulations to:

Christi Pencis Taylor, Administrator, Ford County, on her recent marriage
Betty Viramontez, Clerk, Rice County, on her retirement

We say goodbye to these WIC friends:

Phillips County, Louetta Forrell, RN
Reno County, April Beshears, Clerk
Sedgwick County, Marie Colchin, RD

Trego County, Heather Barney, Clerk
Trego County, Denise Woodworth, RN
Wyandotte County, Diana Jimenez, Clerk



EAT FRESH AND COLORFUL



Growing healthy Kansas families



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